

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90032 039 \*\*\*150.00

**DOCUMENT # P97000068670**

1. Entity Name

JASON'S QUALITY LAWN CARE, INC.



Principal Place of Business

~~3516 DORRIT AVE~~  
BOYNTON BEACH FL 33436

Mailing Address

~~3516 DORRIT AVE~~  
BOYNTON BEACH FL 33436

2. Principal Place of Business

4404 Gleneagles Drive  
Suite, Apt. #, etc.

3. Mailing Address

4404 Gleneagles Drive  
Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

Boynton Beach, FL.

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

65-0480723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VENTRY, LYNNE S.K.  
185 NW SPANISH RIVER BLVD  
STE 290  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD VP**  
NAME **BROWN, JASON R**  
STREET ADDRESS **3516 DORRIT AVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
NAME **BROWN, LAURIE A.**  
STREET ADDRESS **4404 Gleneagles Drive**  
CITY-ST-ZIP **Boynton Beach, FL. 33436**

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Jason R Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-04**  
Date

**561-735-0915**  
Daytime Phone #